



Mother's Day out

# FBC Mother's Day Out and Christian Preschool

Phone: 512-268-3515 Fax: 512-268-3513

## Student Enrollment Form 2020-2021

M/W T/TH M-TH Admission Date: \_\_\_\_\_ Class: \_\_\_\_\_

I also want to enroll my child in the T/Th summer program. Yes No Potty Trained: Y or N

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: M or F

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### MOTHER/GUARDIAN

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

### FATHER/GUARDIAN

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT

One contact, other than the parents, is required for registration. If the parents are unavailable, the following individual has permission to transport and seek care for this child.

Name: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

### ADDITIONAL AUTHORIZED PICKUP

In addition to parents and emergency contact, the following people are allowed to pick up this child from MDO.

Name: \_\_\_\_\_ Driver's License \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:** In the event that I cannot be reached or cannot make arrangements for emergency medical attention at the time of illness or accident I hereby authorize this facility to transport my child to the closest medical facility and authorize the medical providers to provide necessary treatment.

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Seton Hays \_\_\_\_\_ Address 6001 Kyle Parkway \_\_\_\_\_ Phone 512-504-5000 (911) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# General Health Information

Child's Name: \_\_\_\_\_

## ALLERGIES:

- No known allergies
- Child is known to have the following allergic reactions

Allergen

Reaction and best way for MDO to handle

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## MEDICAL CONDITIONS:

- No known medical conditions
- Child is known to have the following Medical Conditions

Please include any disabilities, existing illnesses, previous serious illnesses and injuries, and hospitalizations during the past 12 months.

Medical Condition

Best way for MDO to handle

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## MEDICATIONS:

- No long-term medications at this time
- Child is currently taking the following long-term medications

Please list any prescribed and over the counter medications intended for long-term, continuous use.

Medication

Dose and frequency

Purpose

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### \_\_\_\_\_ Medication Authorization

Should my child require medication brought from home, I authorize MDO staff to administer this medication to my child. I understand that I must also sign the medication chart in the MDO office each time medication is required, and I understand that all medication must be in the original container and labeled appropriately.

### \_\_\_\_\_ Well Check

I understand that a requirement for participation in this program is a doctor's examination and a TB screening every 12 months. I understand that I must present a statement each year from my child's doctor within one week of admission to verify that he or she is physically able to participate in the day care program.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Parent Contract for School Year 2020-2021

(Initial each line)

Child's Name: \_\_\_\_\_

The following is an agreement to the financial and operational policies of our program for the school year 2020-2021. I am initialing each policy below to indicate that I have read and understand the policy. I understand that I will be notified in writing of any policy changes.

\_\_\_\_\_ **Non-refundable Registration Fee** Deposit Amount \$ \_\_\_\_\_

The Annual Tuition Deposit amount is \$400 for full time, and \$200 for 2-days. This fee secures the child's position for the school year and is **non-refundable** after May 24. This payment does not apply to any month's tuition. The summer program deposit is \$75.

\_\_\_\_\_ **Tuition** Monthly Installment Amount \$ \_\_\_\_\_

My monthly tuition installments include all applicable tuition. You may also owe other accrued fees so please check your statement.

\_\_\_\_\_ **Your FBC MDO and Christian preschool balance is due in full on the first of each month** and considered late at the end of the day on the 7<sup>th</sup>, regardless of the day of the week on which those dates fall with the exception of winter break. Statements including tuition and any accrued fees are issued monthly via email; however, parents are still responsible for payment regardless of whether a bill has been received. A \$20 late payment fee is issued if balance is not paid by the 7<sup>th</sup>, and an additional \$20 fee is assessed if a balance remains unpaid on the 15<sup>th</sup> of the month. Any account with an unpaid balance at the end of the month is subject to review and the child may relinquish his or her position in the program. All questions or discrepancies regarding tuition billing should be brought to the Director's attention before the balance is due to avoid a late payment fee.

\_\_\_\_\_ **Supplies**

Daily supplies are included in my child's tuition. However, I may occasionally be asked to donate items for special projects. Donations are not mandatory, but they are encouraged.

\_\_\_\_\_ **Food**

Parents are responsible for providing a healthy lunch that is kept cool in an insulated lunch box with an ice pack. Snacks are provided by MDO. The snack calendar is posted in the MDO foyer and in the classrooms.

\_\_\_\_\_ **Early Drop Off/Late Pickup Fee**

MDO Christian Preschool hours are 9:00 AM – 2:30 PM. I understand that the charges for early drop and or late pickup are \$2 per minute.

\_\_\_\_\_ **Returned Checks**

I understand a charge of \$45 is required for any insufficient funds' checks. This includes a late payment fee of \$20.

\_\_\_\_\_ **Handbook**

I have read the Parent Handbook including any yearly updates and understand and will abide by all the policies. Handbook is located at [www.fbckyle.com](http://www.fbckyle.com)

\_\_\_\_\_ **Contacts**

I have provided the center with my current address, phone number, and all emergency contacts. I understand that it is my responsibility to provide any updates or changes to this information.

# Parent Contract for School Year 2020-2021

(Initial each line)

## \_\_\_\_\_ Email Communication of Monthly Program Information

I understand that FBC MDO and Christian Preschool distributes important information via email such as monthly statements of fees and tuition, newsletters, and general reminders for parents. I agree to receive emails from the school at the following email address: \_\_\_\_\_ and will add the director's and assistant director's email addresses to my preferred contact list. If my e-mail address changes, I will notify the office with an update.

## \_\_\_\_\_ Joining REMIND for Emergency Communication and Important Reminders

I understand that FBC MDO and Christian Preschool uses the REMIND program to send out emergency information such as bad weather closures, evacuation or lockdown, as well as weekly short reminders of important events. I will join my child's classroom REMIND in the following format.

- TEXT: I will follow the directions to join REMIND from this cell number. \_\_\_\_\_  
Depending on your phone services, texting fees may apply for approximately 10 texts per month.
- CONSTANTLY MONITORED EMAIL: I will follow the directions to join REMIND at the following email address: \_\_\_\_\_  
IMPORTANT: Please do not use an address that is only checked occasionally as the REMIND program is used to disperse emergency information.

## \_\_\_\_\_ Immunization

I am aware of the immunizations required by the state for my child. I will provide the school with updated copies of his or her immunization record each time it is updated by a health professional. I understand that my child may not attend if these records are not up to date. MDOCP does not accept waivers for vaccines.

## \_\_\_\_\_ Absences

I understand that occasional absences due to illness and family activities are expected. These absences do not reduce my child's annual tuition. If my child is absent, I will call the office the morning of the absence. This keeps teachers informed of my child's status.

## \_\_\_\_\_ Withdrawals

I understand that thirty days **written** notice to the Director or Assistant Director in charge of registration is required for withdrawal. This allows the center time to notify others who are seeking admission. I am responsible for all tuition and fees during those final 30 days whether my child attends.

## **The following items are due at registration:**

- Non-refundable Registration Fee (does not apply to tuition)**
- Annual Health Statement (aka Daycare Note or Childcare Note signed by doctor) must say child is healthy and can participate in childcare activities**
- Current Immunizations (we DO NOT accept any waivers)**
- I have read and initialed all the above items. I agree to abide by all MDOCP policies as outlined in this contract.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Activity Release

Child's Name: \_\_\_\_\_

\_\_\_\_\_ **Field Trip Release:** I give permission for my child to participate in walking field trips away from the facility. I will be given 48-hour notification and understand that these trips will be conducted and supervised by facility staff.

\_\_\_\_\_ **Walk Release:** I give permission for my child to participate in walks around the block, or other daily outdoor experiences that may cause him/her to be out of the building. I understand that this release does not include any walking field trip, which would require crossing streets.

\_\_\_\_\_ **Water Activities:** I give permission for my child to participate in water activities planned by the facility such as water table play and sprinklers.

\_\_\_\_\_ **Picture Release:**

- YES, I give permission for the FBC MDO and Christian Preschool staff to take photos and or videotapes of my child throughout the school year. I understand that these items might be used for bulletin boards, newspaper articles, or programs that promote MDO and First Baptist Church. No names will be used.
- I do NOT give permission for my child to be photographed or videotaped. I understand this means my child's photo will not appear in the end-of-year slide show or used in any classroom crafts or activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Guidance and Discipline Policy

Most undesirable behavior is still normal and age appropriate. Discipline is the art of teaching desirable behavior.

1. **Discipline should always be:**
  - a. Individualized and consistent for each child
  - b. Appropriate to the child's level of understanding
  - c. Directed toward teaching the child acceptable behavior and self-control
2. **Positive Reinforcement:** Teachers strive to build a child's internal motivation so that he or she strives to do the right thing just because it is the right thing. Acknowledging children making good choices encourages desirable behavior. Stickers and other physical rewards do not build internal motivation.
3. **Helping Children Learn Better Ways to Get What they Need:** Teachers take a positive approach to discipline and guidance that encourages self-esteem, self-control, and self-direction, which includes at least the following steps:
  - a. Identify the emotion behind the behavior
  - b. Re-direct the child
  - c. Describe the appropriate behavior
  - d. Provide a choice
4. **Seeking Help for Repeated Undesirable Behavior:** If a child does not respond to the above correction method he/she may need a different approach. In these cases, the teacher will seek help from the director and together they will determine the next step. This may include taking a break away from the classroom, or a phone call to the parent. In cases of repeated behavioral concerns, the director will consult with the teacher and parents in a conference setting to determine an appropriate behavior modification plan for that child.
5. **Prohibited Types of Discipline:** Harsh, cruel or unusual treatment of any child is absolutely prohibited. This includes but is not limited to the following: corporal punishment or threats of corporal punishment; punishment associated with food, naps, or toilet training; pinching, shaking, or biting a child; hitting a child with a hand or instrument; putting anything in or on a child's mouth; humiliating, ridiculing, rejecting, or yelling at a child; subjecting a child to harsh, abusive, or profane language; placing a child in a locked or dark room, bathroom, or closet with the door closed; requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

*I have read and received a copy of this discipline and guidance policy which can be found in my parent handbook.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Mother's Day out

First Baptist Church  
 Mother's Day Out  
 And Christian Preschool  
 Fax Number 512-268-3513

**Health Statement for Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

*The TB screening form is to be filled out by you, the parent. Health statement and shot record returned to FBC MDO and Christian Preschool office via fax, email or hand delivered.*

<b>TB SCREENING: Parent, fill out for your child</b>			
If "yes" is checked on any question, a TB test must be administered, and the results turned into the FBC MDO and Christian Preschool office.	Yes	No	I don't know
Has anyone in your family had tuberculosis?			
Do you know of any situation where you were around someone who has been diagnosed or suspected as having TB?			
TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness or coughing up blood. Have you been around anyone who has these problems?			
Have you had any of the above problems?			
To your knowledge, have you had contact with anyone who: Is or has been an intravenous (IV) drug user?			
Is HIV-infected?			
Has been in jail/prison?			
Has recently moved to the US from a foreign country or visited a foreign country? If yes, which country/countries?			

**The above-named child is physically able to participate in all childcare activities.**

\_\_\_\_\_

\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(This portion can be replaced by a statement of health from your pediatrician)

**VISION & HEARING SCREENING:** Must complete an annual screening by the child's physician. **(Age 4 and up)**

**Vision Screening:** R 20/\_\_\_\_ L 20/\_\_\_\_ Pass/Fail\_\_\_\_  
 Date: \_\_\_\_\_

**Hearing Screening:** R Ear 1000 Hertz Pass/Fail L Ear 1000 Hertz  
 Pass/Fail Date: \_\_\_\_\_

2000 Hertz Pass/Fail

4000 Hertz Pass/Fail

4000 Hertz Pass/Fail \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

